

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 5

2. STATE:

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.222

7. FEDERAL BUDGET IMPACT:

a. FFY -0- \$ -0-
b. FFY -0- \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 2.2-A
Page 13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 2.2A
PAGE 13

10. SUBJECT OF AMENDMENT: This amendment will cover children under foster care that currently are covered under other eligibility groups which will enable better tracking through the foster care system.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Nancy V. Atkins, MSN, RNC, NP

14. TITLE:

Commissioner

15. DATE SUBMITTED:

5-12-03

16. RETURN TO:

Nancy V. Atkins, MSN, RNC, NP
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

5/14/03

18. DATE APPROVED:

JUL 28 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MAY 01 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

MARY F. McSOLLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

State: West Virginia

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
	42 CFR 435.222	<input type="checkbox"/> b. Reasonable classifications of individuals described in (a) above, as follows: <div><div><div><u> x </u></div><div>(1)</div><div>Individuals for whom public agencies are assuming full or partial financial responsibility and who are:</div></div><div><div><div><u> x </u></div><div>(a)</div><div>In foster homes (and are under the age of <u> 21 </u>).</div></div><div><div><u> x </u></div><div>(b)</div><div>In private institutions (and are under the age of <u> 21 </u>).</div></div><div><div><u> x </u></div><div>(c)</div><div>In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u> 21 </u>).</div></div></div><div><div><div><u> x </u></div><div>(2)</div><div>Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u> 21 </u>).</div></div><div><div><u> x </u></div><div>(3)</div><div>Individuals in NFs (who are under the age of <u> 18 </u>). NF services are provided under this plan.</div></div><div><div><u> x </u></div><div>(4)</div><div>In addition to the group under (b) (3), individuals in ICFs/MR (who are under the age of <u> 18 </u>).</div></div></div></div>

TN No. 03-05
Supersedes
TN No. 94-15

Approval Date JUL 28 2003 Effective Date MAY 01 2003